



REGULATORY LICENSING UNIT
IN-STATE FROZEN DESSERT MANUFACTURER
INITIAL/ RENEWAL/AMENDED LICENSE APPLICATION
(Health and Safety Code, Chapter 440)
Return the completed application and **non-refundable fee** to:
Texas Department of State Health Services
RLU - Food & Drug Licensing, MC-2003
PO Box 149347, Austin, Texas 78714-9347
For Assistance call (512) 834-6727

M&D- In-state FD
2004

Budget: ZZ107 – 115

License #

(MA) (PL)

Name Under Which Business is Conducted (DBA): _____

Physical Address to be Licensed: _____

_____/_____/_____/_____
City County State Zip Code

Telephone Number at Above Address: _____ () _____

For: New and/or Amended: Application and fee must be received prior to an inspection. Please allow 4 to 6 weeks processing time.

Check only one below:

FEE DUE

New License Only: (Includes a new facility or change of ownership)

- A. ☐ Start Date of Regulated Activity within : September 1 thru February 28\29 **\$800.00**
- B. ☐ Start Date of Regulated Activity within: March 1 thru August 31 **\$600.00**

Amend License Only:

- A. ☐ Amend License Fee (For change of dba name and location change only)..... **\$400.00**

Renewal Only: A late fee of \$100.00 will be assessed if payment is not received on or before August 31.

If renewing your license check here: ☐ **Renewal Fee Due..... \$824.00**

INSPECTION FEES: All frozen dessert manufacturers processors will be assessed a monthly inspection fee of \$.015 per hundredweight as stated in 25 Texas Administrative Code Chapter 217, Subchapter E, § 217.91. Fees are to be assessed on a monthly basis and a minimum payment of \$5.00 is required. If a plant has no production and still maintains an active permit in the State of Texas, the facility will still be required to pay the minimum fee. Facilities shall submit monthly production data to the department no later than 15 days after the end of each monthly reporting period, accompanied by the required fee. The department may revoke a permit issued under Health and Safety Code 440, if the permit holder is delinquent in the remittance of the inspection fee.

Please answer the following questions:

- * Does your facility operate seasonal? ☐ Yes ☐ No
- * What months are you **not** in operation: _____
- * Do you use a pasteurized mix? ☐ Yes ☐ No
- * Who do you buy your pasteurized mix from if answered YES above: _____
- * Are you a wholesaler of your frozen dessert products? ☐ Yes ☐ No
(**Food Wholesaler** – A person who distributes food for resale, either through a retail outlet owned by that person or through sales to another person)
- * Does your store distribute food items other than the frozen dessert products? ☐ Yes ☐ No
- * If answered YES above, what other food items other than frozen desserts do you store: _____

VERIFICATION: I swear or affirm that all information in this application is true and correct. I further certify by signature hereon that I am authorized to execute this document on behalf of the corporation, I am not currently delinquent in the payment of any corporation franchise taxes owed the State of Texas under Chapter 171, Tax Code, nor am I delinquent in the payment of any child support owed under Chapter 232, Family Code. I further certify that I have read and understood Chapter 440 of the Health & Safety Code, and the applicable provisions of 25 TAC, Chapter 217, and agree to abide by them.

Print Name:

Title: ☐ Owner ☐ President
☐ Partner ☐ Corporate Designee / Agent

**sign
here**

Date:

PURPOSE OF THIS APPLICATION: Mark appropriate box to indicate purpose of application, and/or any change in status of firm.

☐ **New** - Estimated Start Date of Regulated Activity: _____

☐ **Change of Ownership** - requires submission of application and fee as listed on Page 1.

PLEASE NOTE: If change affects multiple licensed locations contact us at 512-834-6727 prior to submitting application.

☐ Previous business name: _____

☐ Previous owner name: _____

☐ Effective Date of Change: _____

☐ **Amended** - If business name (dba) or change of location has changed, submission of fee is required as listed on Page 1.

☐ Change of location [previous location]: _____

☐ Change of dba name [previous name]: _____

☐ Other: _____

☐ Enter the date the change was effective: _____

☐ **Renewal** - Failure to submit the renewal fee before the expiration date will result in a delinquency fee for each location and must be remitted before the license or permit will be issued.

☐ **Notice that firm is out of business.** Date out of business: _____
Sign and date 1st page and return original license for deletion from our records.

☐ **Not required to license/permit**
Reason: _____

WEBSITE/ INTERNET ADDRESS: http://www. _____

BILLING INFORMATION

(The license, courtesy renewal notice and inspection billing will be sent to the following billing address)

Billing Name: _____

Billing Address: _____

City, State, Zip Code: _____

Name of Application Preparer (Contact Person): _____

Telephone Number of Application Preparer (Contact Person): _____

Fax Number of Application Preparer (Contact Person): _____

E-mail Address of Application Preparer: _____

PRIVACY NOTIFICATION: With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. You may visit our website listed below for more information on the Privacy Notification (Reference: Government Code, Section 552.021, 552.023 and 559.004).

**ALL THREE PAGES OF THE APPLICATION FORM MUST BE COMPLETED
BEFORE A LICENSE WILL BE ISSUED. Please allow 4-6 weeks for processing.**

Visit our website at: www.dshs.state.tx.us/fdlicense

Please address **correspondence only** to:
Texas Department of State Health Services
RLU, Food and Drug Licensing Group, MC 2835
PO Box 149347
Austin, Texas 78714-9347

**BE CERTAIN TO COMPLETE ALL PAGES OF THIS FORM
PAGE 2 OF 3**

LICENSE HOLDER INFORMATION: Please enter the 11 digit State Tax Payer's Identification number **or** Federal Identification number.

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Please choose one of the following below and complete.

☐ **SOLE OWNER / PROPRIETORSHIP** (can only be one person)

Name

☐ **PARTNERSHIP**

☐ **LP**

☐ **LLP**

☐ **LTD**

Name of Partnership

Effective Date of Partnership

Name

Name

Name

☐ **UNIVERSITY / COLLEGE**

☐ **COUNTY / DEPARTMENT**

☐ **FAMILY TRUST**

Name

Name

☐ **Corporation** ☐ **LLC**

Date and Place of Incorporation: _____

Corporation Name: _____

Corporation Address: _____ / _____ / _____ / _____
ADDRESS CITY ST ZIP

President Name: _____

Officer's Name: _____

Officer's Name: _____

Name of Registered Agent: _____